

## Small Steps at the Feet of Heaven (Part 2)



Medical Relief Teams 1 and 2.

Recollections of a Medical Relief Worker, from 18 October to 1 November 2005, Muzaffarabad, Azad Jammu and Kashmir, Pakistan.

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### MISCELLANY IN 'HINDSIGHT'

The cold nights also mischievously aggravated our toilet needs. Facilities came in the form of dilapidated cubicles sited about a hundred metres away from our tents. Perspiration was probably non-existent in the cold and our kidneys worked overtime. This resulted in the unfortunate physiological outcome of having to go to the toilet quite often in the night; no mean feat when one considers that we were already shivering inside the tent, and so walking in the open and in the dark was something to be avoided unless completely necessary – which nature's calls were. This was made even more difficult for the ladies who for safety reasons, had to either go in pairs or find a male escort. I remember one particular

night, about 1am, when I was awakened by noises outside my tent. I went out to take a look and saw my nurse.

"Dr Wong, are you going to the toilet?"

"No," I said.

"You *have* to."

And so began another shivery trek to the loo. Before I woke up, she had been trying to call out to a male nurse in another tent to escort her to the toilet. As he had remained fast asleep, I went in his stead.

The toilet cubicles came with doors and were decent enough, if you ignored the large cracks that had appeared in the walls and ceiling. My personal favourite was one cubicle in the far end – it came with a view of the nearby

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mountains because the top half of one wall had collapsed. One squatted next to the rubble, praying that an aftershock would not occur for that necessarily short duration that one spent in there. Our senior nurse, Penny noticed that in one particular cubicle, one wall quivered whenever the door was moved.

Around the toilet cubicles was a well which supplied the water for our bathing and cleaning needs. For all of us urbanised Singaporeans, bathing with well water was an experience. Indeed, getting water from the well itself was already an act of novelty for many of us. The water was shockingly cold and hard. Lather was practically non-existent. But it was still better than the obvious alternative – dry powder baths that some of us had gone through during National Service. I understand that this entire toilet and well complex was deemed unsafe and demolished one week after our team left MZD.

### TENT MEDICINE

Each day, when the chill and morning fog dispersed sluggishly under the morning sun, MZD was transformed into another world of dust clouds, arid heat and legions of flies. I was told by a Pakistani doctor that MZD was previously a place with little dust, being in the highlands – the ubiquitous dust and sand were really a consequence of the erosion, landslides and debris of collapsed buildings that arose out of the earthquake, not unlike that which followed a massive artillery bombardment or nuclear attack.

Such conditions made work in the hospital more trying. Procedural sterility was impossible to achieve and just keeping wounds clean was a Herculean task. The nature of our cases also evolved with time. In our first week there, we treated many trauma cases, including patients from hill communities with injuries and fractures seen for the first time since the earthquake struck a week ago. Later on, infectious diseases gained prominence. In fact, it seemed like someone had opened the communicable disease edition of Pandora's Box in MZD – tetanus, measles, Hepatitis E, scabies and dysentery all raised their sickle in various medical facilities in MZD, including ours. On one day, a single medical facility grimly reported 73 cases of scabies. There was also the odd case that one would only expect to see in medical textbooks. We saw a case of iodine-deficiency goitre: the 17-year-old girl from a hillside community was stunted and looked more like



*Inextinguishable mirth.*

an 11-year-old. It was a sombre reminder that fundamentals like the availability of iodised salt cannot be taken for granted even in this day and age.

We were also somewhat unused to the medical supplies given to us – ampoules that shattered into vicious shards instead of breaking cleanly at the neck; sutures that did not cut at all well; venulas that got displaced far too easily; and so on. Improvisation was the order of the day: for example, in the absence of proper weights, skin traction was effected by using plastic bags containing rocks and granite chips; triangular bandages substituted for crepe bandages when the latter ran out; bed management system and discharge planning of two wards consisted of hasty entries in one hardcover book. All of these were achieved through the resourcefulness and ingenuity of our quartet of exemplary ward nurses: Penny, Amelia, Serene and Kelvin.

The bipolar climate, suboptimal hygiene, and dust slowly but surely took its toll on all of us. We took turns developing minor ailments such as running nose, sore throat, mild fever and diarrhoea. Happily, no one was laid low by illness to the point that he was unable to work.

### EDGE OF FEAR

Going to and returning from the field hospital was really quite an experience by itself. We had a choice of two routes. The shorter route passed by one side of a severely eroded rampart; on the other side the road also overhung a precipitous drop to the Nilam River about a hundred feet below. On some days, it was deemed unsafe for larger vehicles like our van to pass through and we had to take the longer route.

The longer route was really a path that crossed the Nilam River twice – since our campsite was on the same bank as the field







*Fear is a fixed cost.*



*The edge of fear.*

hospital, this longer route took us to the other bank of the river and back. The second crossing was particularly treacherous. It consisted of crossing a narrow bridge suspended by cables high above the river. Initially, the fact that this bridge could only either be traversed on foot or take the weight of only one vehicle at anytime did little to save our frayed nerves after a long day. But the economics of fear is such that fear is a fixed cost, and is completely paid for in the first few days. After a few crossings on the bridge, anxiety or fear was no longer an accompaniment to our literally 'high-wire' river crossing acts.



*When mountains move: note the freshly effaced granite surfaces.*

## WHEN MOUNTAINS MOVE

In between days at the hospital and nights at the campsite, we took turns to go around the city. Such trips were important because our work became more meaningful when we comprehended the nature and extent of destruction that the earthquake had wrought. Everywhere we went, testaments to abject pathos and elemental horror assaulted our senses. The locals pointed out to us where the appearance of whole mountains had changed after the earthquake – verdant, rolling hillsides gave way to chipped contours and whitish granite surfaces. Strips of vegetation were sheared away like zest peeled from a mammoth orange. As we proceeded to the higher parts of the city, the damage was visibly worse. One day, while we were out looking to purchase a gas cooker and gas cylinder, we came across a row of shophouses which stood below and in front of a ridge about six to seven levels high. The original face of the escarpment had completely slithered away to reveal rust-coloured soil and truncated undergrowth: a grotesque face-off of quite unimaginable proportions.

Still higher up the road stood two rows of elegant evergreen conifers amid a sea of rubble that in turn was topped by countless broken roof-tiles and smashed beams. It is hard to reconcile the presence of these manicured trees with the heaps of crushed masonry and tangled steel – until they tell you this is all that is left of the Women's University and 1,600 young women lie buried underneath. The arrayed conifers resemble giant quills poised to write a thousand epitaphs and more, on the bricks and mortar that are now almost leisurely stacked below them.

On our second last day at MZD, we took a little trip to a radio station situated on a hill overlooking the city. The road that we were travelling on ended abruptly as if we had reached

the edge of nowhere. A landslide had completely obliterated the subsequent segment of the road and what remained were rocks and gravel of every shape, size and

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hue. From there, we could see the Nilam River wending its way through the city like an emerald snake. The effects of the earthquake appeared to be diabolically random: houses that perched precariously off hillsides appeared undamaged, while some buildings located on flat ground simply subsided into the earth, leaving only zinc roofs shimmering in the afternoon sun. There were a few buildings that were unblemished while their immediate neighbours would appear ready to collapse at a whisper.

Juxtaposed with all these imponderables of engineering and perversions of architecture were hundreds of UNHCR tents that housed displaced villagers: veiled women mulling together, children running carelessly around along the roads and on the slopes. It seemed that the distinction between the dead and the living had become surreptitiously blurred.

Yet another day, some of our team members had to travel uphill for some logistic matters when they noticed that a house that was there when they made their way uphill had collapsed by the time they went downhill moments later. Aftershocks were a fact of life. We experienced at least two of note: one on 23 October and the other on 29 October. The latter measured 5.6 and happened in the wee hours of the morning. Most of us slept through it. Its non-impact on our somnolence was explained with the following logic by a wisecrack in our midst: our shivering at night more than compensated for the aftershock's feeble attempts at rousing us from 'deep-freeze' slumber.

Later on in the mission, we were to learn from the Medical Director of Abbas Institute of Medical Science (AIMS), the last major government hospital facility left in MZD, that some 90% of medical facilities had been destroyed in MZD, including its largest hospital, the Combined Military Hospital of MZD. AIMS itself was holding more than 300 inpatients when its official capacity was about 250, and it was kept running mainly by volunteer doctors and nurses. Most of the MZD doctors and other healthcare staff were either non-contactable or dead. Islamabad



*Women's University where 1,600 young women lie buried.*

was rushing to beef up AIMS with equipment such as autoclaves, ventilators and operating equipment.

Nonetheless, on the balance of things, medical care in MZD improved with time. The first came in the form of a large field hospital set up by the International Red Cross and Red Crescent in the MZD Cricket Stadium. Later on, a field hospital was set up next to the AJK Supreme Court by the American 30<sup>th</sup> Medical Brigade sent in from Mannheim, Germany. Iskandar and I were fortunate to be shown around the place by the affable Major Potrowski. It was a most impressive facility complete with 24 ICU beds, 20 Intermediate Care and 30 Step-down Care beds. Such terminology could be misleading as even their step-down care beds were far better appointed than anything we could dream of. Housed in air-conditioned tents, the field hospital also had a proper ER facility complete with monitors, operating theatres, a clinical laboratory, and even an area for sterilising medical instruments. These two facilities were probably the best equipped and best staffed field hospitals in MZD.

### **HIGH DINING**

Paradoxically, while in the day the spectres of the earthquake at once suffocated, haunted and impressed us, it was in the evenings over dinner as the last light petered out into darkness that our team found reprieve. Dinner was when the team came together with elaborate effort to concoct the best meal afforded by the circumstances.





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The first few days, the team subsisted mainly on canned food and combat rations. Then, shops in the town reopened and fresh ingredients could be easily obtained: chicken as well as all manner of fruits and vegetables. The latter was highland produce and particularly sweet and fresh. The chicken was of surprisingly good bite and tasty: the sort of 'free-range chicken' texture feel that was hard to come by in Singapore. A large variety of chicken dishes graced our palates – even chicken rice and chicken fried with cream crackers and pakora flour batter! Deserving of special mention was the number of authentic Pakistani dishes cooked up by our Pakistani SGH A&E Clinical Associate, Mehmood. Despite having a roster for cooking, dish-washing and cleaning up, everyone chipped in merrily as the occasion required, and somehow the stress of work and the brutality of the environment momentarily took a back seat to all this domestic activity.

After dinner, it was time for our daily debrief when the team gathered around the fire. Colin was our resident pyromaniac who thoroughly enjoyed starting and maintaining the fire in the evenings as temperatures began to crash in the Kashmir Mountains. Wood of all

kinds was not spared. Here, a note of gratitude must be registered with the vegetable seller whom we patronised regularly. Seeing us as foreigners who had come to help his country, he provided us unfailingly with free firewood when the norm was for this precious commodity to be sold by weight. Augmenting this source of wood was whatever inflammable material we disliked. Of some value was damaged classroom furniture from the nearby school. Our team came to acquire more affection for broken furniture that could be burnt than functional furniture that could be used for its original purpose.

### ALTITUDE ATTITUDES

More inexplicable behaviour dotted our days as the mission progressed. I found my tent-mate mysteriously brushing his teeth at 1.30am inside the tent – he had thought it was 4.30am and he was preparing for the day of fasting ahead as it was the fasting month of Ramadan. Later on, I found him soundly asleep while his headlight (torch) was turned on. Yet another strange act was that of our Paediatric Medical Officer, Arif, trying to make a cold dessert as the mercury plummeted. Stranger still was that many actually enjoyed eating a cold dessert in the icy open. During the second week, one of



*Fruits of Resilience.*



*High dining.*

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our team members also began to incessantly mention her divine need for *char kway teow*. And she was Indian. Yet another female nurse was rumoured to have used shaving cream (for males) as face moisturiser when her personal supply of the latter ran out.

But nothing beat one of our doctors who, in a fit of frustration that his attempts at communicating in basic Urdu made no headway, lapsed into Malay. The language barrier was a major impediment for us – regrettably, I missed a case of tetanus probably due to communication issues. Fortunately, the diagnosis was clinched later when interpretation was available. Most of the time, we relied heavily on local volunteers for translation services. They were mainly tertiary students who spoke excellent English and had come from all over Pakistan to help. Mehmood was also indispensable in this regard as he was literally doctor, translator, patient-discharge organiser and food-buyer all rolled into one.

Our campsite was next to the Nilam Stadium which had been converted into a helicopter field. Here, all kinds of helicopters from various countries could be seen. Every day, we were reminded when to start and end work with the wax and wane of helicopter activity. Some of us even developed the ability to identify Chinooks by hearing. They are the only helicopters with the characteristic drone of two rotors whirling in opposite directions.

In the last few nights we were there, we also managed to go to a nearby Pakistani tea stall for a cup of the local brew, *chai*. Of noteworthiness is that after we had our usual 'chai fix' on the last night we were in MZD and were en route back to our tents, we came across a group of soldiers and school staff who insisted we had tea and biscuits with them in a primary school compound near our campsite. The primary school was run mainly for children of the local garrison and the children had been all safely evacuated shortly after the earthquake

struck. There, under the starless night sky, we sipped *chai* in fine porcelain teacups while our hosts feted us for no other reason than that they had met us alien-looking folks on the road.



*Homeward bound – no more tents!*

### DEAD END

The two weeks passed quite quickly. Before long, we knew that the mission was almost over for all intents and purposes when we obtained news that Chi Chiu had already left Singapore with other Team 3 members.

But not before grief struck – we had been immensely fortunate that the field hospital we worked in saw no deaths for almost the entire duration that we were there; that is, until our last working day. A 3-year-old child from the hills was carried to us by his parents and admitted on 29 October. He looked terribly emaciated and dreary of living: we were told that he had not been healthy since birth. Arif thought the child probably had some chronic disease such as cystic fibrosis. The child passed on in the wee hours of the morning on 30 October and we were biliously reminded at the end that death is an ineluctable part of the hospital business.

Finally on the morning of 31 October, our trusty driver, Nazeem, who had faithfully ferried us around for two weeks, and another driver we had engaged for this return trip, took us back to Islamabad for our flight home to Singapore. ■

